

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039902

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 429

STATE FILE NUMBER

FILED OCT 16 1962

1. PLACE OF DEATH

a. COUNTY

ST. FRANCOIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

FARMINGTON

Length of stay in 1b

3 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

305 E. Liberty

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MADISON

c. CITY  
OR  
TOWN

FREDERICKTOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

311 SO. MAPLE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

GEORGE

Middle

OLIVER

Last

CLOUSE

4. DATE  
OF  
DEATH

Month

OCT.

Day

8,

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-5-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months 6

Days 3

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIPYARD WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

RETIRED

11. BIRTHPLACE (City and state or country)

MADISON Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB CLOUSE

13b. MOTHER'S MAIDEN NAME

SARAH BEARD

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. John COOPER, FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be "Natural Causes"

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Had medical service for heart condition while in California.

Mo.

DUE TO (c)

Investigated by Ted Boyer, Coroner, St. Francois Co.,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ether Rudloff Local Registrar  
St. Francois Co., Mo.

22b. ADDRESS

Realty Bldg.,  
Farmington, Missouri

22c. DATE SIGNED

10/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10-11-62

23c. NAME OF CEMETERY OR CREMATORY

CHRISTIAN CEMETERY

23d. LOCATION (City, town, or county)

FREDERICKTOWN, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, Jr., Fredericktown, MO.

25. DATE RECD. BY LOCAL REG.

Oct 10, 1962

26. REGISTRAR'S SIGNATURE

Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

6945

30621

3

4 0

5 2

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8 2

9 4344

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12 90-8

13 1-0

NOV 8 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline  
Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.